

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/1796664  
TH-2606CUS

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                          |              |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS                     | 10                       |              |
| FOR                              | NUMBER FILED             | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | 10 minus 20=             | *            |
| INDEPENDENT CLAIMS               | 1 minus 3 =              | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |              |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| X\$ 9=    |        | OR X\$18=    |        |
| X43=      |        | OR X86=      |        |
| +145=     |        | OR +290=     |        |
| TOTAL     |        | OR TOTAL     | 770    |

- If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | OTHER THAN<br>SMALL ENTITY |                        |
|------------------------------------------------|-------------|-------------------------------------------|-------|---------------------------------------------|------------------|----------------------------|------------------------|
|                                                |             |                                           |       |                                             |                  | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                | Total       | *                                         | Minus | **                                          | =                |                            |                        |
|                                                | Independent | *                                         | Minus | ***                                         | =                |                            |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             | <input type="checkbox"/>                  |       |                                             |                  |                            |                        |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9=           |                        | OR X\$18=           |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT B                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | OTHER THAN<br>SMALL ENTITY |                        |
|------------------------------------------------|-------------|-------------------------------------------|-------|---------------------------------------------|------------------|----------------------------|------------------------|
|                                                |             |                                           |       |                                             |                  | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                | Total       | *                                         | Minus | **                                          | =                |                            |                        |
|                                                | Independent | *                                         | Minus | ***                                         | =                |                            |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             | <input type="checkbox"/>                  |       |                                             |                  |                            |                        |

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9=           |                        | OR X\$18=           |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | OTHER THAN<br>SMALL ENTITY |                        |
|------------------------------------------------|-------------|-------------------------------------------|-------|---------------------------------------------|------------------|----------------------------|------------------------|
|                                                |             |                                           |       |                                             |                  | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                | Total       | *                                         | Minus | **                                          | =                |                            |                        |
|                                                | Independent | *                                         | Minus | ***                                         | =                |                            |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             | <input type="checkbox"/>                  |       |                                             |                  |                            |                        |

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9=           |                        | OR X\$18=           |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.